

22651
U.S. PTO

Please type a plus sign (+) inside this box

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.:	CM02046K
First Inventor:	JAMES L. TRACY
Title:	HINGE ASSEMBLY FOR A MULTI-CONFIGURATION PORTABLE ELECTRONIC DEVICE
Express Mail Label No.:	EV 481617180 US

22141 10/812330 U.S.PTO

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 18] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies	
ACCOMPANYING APPLICATION PARTS			
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 12]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [Total Pages 4]		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		11. <input type="checkbox"/> English Translation Document (if applicable)	
6. <input checked="" type="checkbox"/> Application Data Sheet under 37 CFR 1.76		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) of Prior Appl. No. 10/150,244 Prior Appl. information: Examiner: Craver, Charles Group/Art Unit: 2682		13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input type="checkbox"/> Other: _____	

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		*24273*		or <input type="checkbox"/> Correspondence address below
Name				
Address				
City	State		Zip Code	
Country	U.S.A.	Telephone	(954) 723-6449	Fax (954) 723-5599
Name	Scott M. Garrett		Registration Number (Attorney/Agent)	39,988
SIGNATURE	<i>Scott M. Garrett</i>		Date	3/29/04

**FEE TRANSMITTAL
for FY 2004**

Patent fees are subject to annual revision

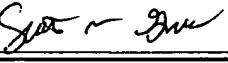
Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 770.00)

Attorney Docket No. CM02046K

<i>Complete if Known</i>						
Application No.						
Filing Date						
First Named Inventor		TRACY, JAMES L.				
Examiner Name						
Group Art Unit						
METHOD OF PAYMENT (check all that apply)						
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 50-2117 Deposit Account Name Motorola, Inc.						
The Commissioner is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayment <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, except for issue fee <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.						
FEE CALCULATION (continued)						
3. ADDITIONAL FEES						
Large Entity		Small Entity				
Fee	Fee	Fee	Fee	Fee Description		Fee Paid
Code	\$	Code	\$			
1001	770	2001	370	Utility filing fee	770	
1006	770	2006	370	Utility filing fee CPA		
1002	330	2002	165	Design filing fee		
1007	330	2007	165	Design filing fee CPA		
1003	510	2003	255	Plant filing fee		
1004	750	2004	370	Reissue filing fee		
1005	160	2005	80	Provisional filing fee		
SUBTOTAL (1)		(\$ 770)				
2. BASIC FILING FEE						
Large Entity		Small Entity				
Fee	Fee	Fee	Fee	Fee Description		Fee Paid
Code	\$	Code	\$			
1001	770	2001	370	Utility filing fee	770	
1006	770	2006	370	Utility filing fee CPA		
1002	330	2002	165	Design filing fee		
1007	330	2007	165	Design filing fee CPA		
1003	510	2003	255	Plant filing fee		
1004	750	2004	370	Reissue filing fee		
1005	160	2005	80	Provisional filing fee		
SUBTOTAL (1)		(\$ 770)				
2. EXTRAS CLAIM FEES FOR UTILITY AND REISSUE						
Fee from below						
Total Claims		Extra Claims	x	18	=	
Independent						
Claims		1	-3*	x	86	=
Multiple Dependent				x	280	=
3. ADDITIONAL FEES						
Large Entity		Small Entity				
Fee	Fee	Fee	Fee	Fee Description		Fee Paid
Code	\$	Code	\$			
1202	18	2202	9	Claims in excess of 20		
1201	84	2201	42	Independent claims in excess of 3		
1203	280	2203	140	Multiple dependent claim, if not paid		
1204	84	2204	42	**Reissue independent claims over original patent		
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)		(\$)				
4. OTHER FEES						
*or number previously paid, if greater. For Reissues, see above <small>*Reduced by Basic Filing Fee Pd</small>						
SUBTOTAL (3) \$						

SUBMITTED BY		Complete (if applicable)		
Name (Print)	Scott M. Garrett	Registration No. (Attorney/Agent) 39,988		
		Telephone:	(954) 723-6449	
		Date	3/29/04	

PATENT

DOCKET NO.: CM02046K

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

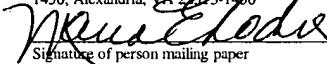
DIVISIONAL OF APPLICATION NO.: 10/150,244
PRIOR APPLICATION FILED: 5/17/02
PRIOR EXAMINING GROUP: 2682
PRIOR EXAMINER: Craver, Charles
APPLICANT(S): JAMES L. TRACY
TITLE: HINGE ASSEMBLY FOR A MULTI-CONFIGURATION PORTABLE ELECTRONIC DEVICE

CERTIFICATE OF EXPRESS MAILING

Date of Deposit: 3/29/04

Express Mail No.: EV 481617180 US

I HEREBY CERTIFY that this paper is being deposited with the United States Postal System, at POST OFFICE TO ADDRESSEE Express Mail, with sufficient postage thereon, on the date above indicated, and addressed to the Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450


Signature of person mailing paper

Maria E. Rodriguez
Printed name of person mailing paper

NOTIFICATION OF FILING OF DIVISIONAL APPLICATION

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Notification is hereby being made of the filing of a:

continuation application
 continuation-in-part application
 divisional application

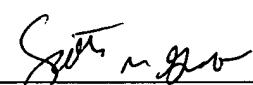
for this case

concurrently herewith
 on _____

Respectfully submitted,

SEND CORRESPONDENCE TO:

Customer No. 24273

By: 

Scott M. Garrett

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Telephone: (954) 723-6449
Fax No.: (954) 723-5599